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AUTHOR Bayer, Darryl Lee
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ABSTRACT

This paper addresses delivery aspects and benefits of client-centered Employee Assistance Program (EAP) services through a review of the literature and research. EAP services are described as educational and mental health services utilized to assist employees and their families to respond constructively to job, personal, interpersonal or situational stress, substance abuse, or other problems, and to promote healthful lifestyles. The client-centered attitude as described by Carl Rogers which entails empathy, acceptance, and genuineness is discussed. It is concluded that: (1) client-centered EAP services can fulfill all EAP needs, as shown by needs assessment, contract development, quality assurance, and monitoring, evaluation, and reporting of results; (2) client-centered EAPs provide the highest quality services, as measured by high client satisfaction, minimal referral needs, elimination or alleviation of work-performance problems, and low or no relapse to maladaptive behaviors such as addiction or insubordination; and (3) client-centered EAPs show a cost advantage, as evidenced by outcome data. (ABL)

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Client-Centered Employee Assistance Services

Darryl Lee Bayer, M.A.
Lamplighter Educational Resource Center
614 Wooster Pike
Terrace Park, OH 45174

CG024228

Running head: Employee Assistance

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Introduction

This paper addresses delivery aspects and benefits of client-centered Employee Assistance Program (EAP) services, as requested for the Third Annual Professional Development Institute of the Employee Assistance Society of North America, June 9-12, 1991, Atlantic City, New Jersey. It offers practical, literature, and research support for three premises:

1) Client-centered EAP services can fulfill all EAP needs, as shown by needs assessment, contract development, quality assurance, and monitoring, evaluation, and reporting of results.

2) Client-centered EAP's provide the highest quality services, measured by high client satisfaction, minimal referral needs, elimination or alleviation of work-performance problems, and low or no relapse to maladaptive behaviors such as addiction or insubordination.

3) Client-centered EAP's show a cost advantage, evidenced by outcome data.

What are EAP services?

EAP services are educational and mental health services utilized to assist employees and their families to respond constructively to job, personal, interpersonal or situational stress, substance abuse, or other problems, and to promote healthful lifestyles. Rejection of healthful lifestyles has been found to be a significant cause of premature illness and death (Miller, 1983).

EAP's promote healthful lifestyles through wellness information and facilitation, and are widely recognized today as an efficient method of risk management and human-resources cost containment for employers, as well as an important healthcare benefit for employees. The percentage of employees with access to an EAP is rapidly increasing--for example, from twenty-five to thirty-three percent in one year (1986-87) in Georgia (Blum & Rowan, 1989).

EAP's have grown in number and variety of informational programs and of mental health and substance abuse assessment and referral services, and EAP prevention and intervention services are important to corporate and EAP policy development. Research increasingly confirms the wisdom of participatory, health-directed, systems-oriented occupational environments and health planning (Levi, 1990). Key elements of a prevention strategy for work-related psychological disorders are held to be surveillance to identify occupational groups at risk and to detect and monitor risk factors, research to improve understanding of job risk

factors, amelioration of known risk factors, and education to improve recognition and control of risk factors (Sauter, Murphy, & Hurrell, 1990).

Why have an EAP?

Psychological disorders are most common among adults during the ages of 25-44, their primary working years (Freedman, 1984). Eleven million workers report work-related stress at a health-endangering level (Shilling & Brackbill, 1987). Alcoholism and psychological disturbances are found more frequently among workers with lower income, lower educational level, fewer skills, and less prestigious jobs (Fillmore & Caetano, 1982; Fried, 1975; Guralnick, 1963; Langner & Michael, 1963). (Although workers of higher socioeconomic status tend to work in less dangerous and less stressful jobs (Green, 1989), they tend to receive more stress-management programs than do workers of lower socioeconomic status (Ilgen, 1990).)

The National Council on Compensation Insurance (1985) found that workman's compensation claims for gradual mental stress account for eleven percent of all claims for occupational illness, and that costs surpass the average cost of claims for other occupational illness. In 1988, twenty-one percent of all Social Security Administration disability allowances were for psychological disorders (Social Security Bulletin, 1989).

It is currently projected that seven million factory jobs will be affected by increasing use of computers and robots, predicting considerable job displacement, deskilling, and

reassignment to lower-paying jobs (Bezold, Carlson, & Peck, 1986), which will negatively affect the socioeconomic status and psychological well-being of some proportion of these seven million workers.

EAP's recognize that (1) emotional and physical health issues, substance abuse, and relationship concerns can negatively affect employee health, happiness, morale, and job performance; (2) recognizing and addressing these issues reduces negative impact on the employee and the corporation and reduces remediation costs; (3) an emotionally and physically healthy employee is a corporate asset as well as a personal and community asset; and (4) employees with any of these concerns can benefit from EAP services.

How are EAP services developed?

The director of EAP services, in consonance with corporate and EAP provider representatives, develops, offers, and evaluates program services; consults as relevant to community and corporate EAP concerns; and provides appropriate information to employer administration, clients, affiliative and network organizations, and the public.

Director responsibilities include establishing EAP contacts within each company, including administrators, supervisors, nonsupervisory-employee, and union (if applicable) representatives; developing and epitomizing state-of-the-art quality assurance standards of operation; coordinating the development and implementation of objectives, policies, and

procedures; developing and presenting education, training, and inservices to company managers and supervisors; initiating and maintaining program publicity to keep both employees and the community informed of program services and activities; ensuring timely availability of comprehensive assessment, referral, and follow-up services; developing and implementing continual program evaluation and reporting procedures, with full protection of employee data; promoting EAP development and use within the company and within the community; reporting internally and externally as appropriate; serving as a resource for information, consultation, technical assistance, and professional development and identification; helping corporate staff effectively manage change; and participating in and promoting multidisciplinary research, development, and evaluation activities and standards.

What is the client-centered attitude?

Carl Rogers' (e.g., 1951, 1957) description of three interpersonal conditions enabling constructive personal change has generated four decades of psychological research and discovery. Briefly, these conditions are **empathy**--perception and communication of the person's thoughts and feelings; **acceptance** of the individual as a person of worth independent of any real or imagined deficits; and **genuineness**.

Rogers' assertion, "...when I hold in myself the kinds of attitudes I have described, and when the other person can to some degree experience these attitudes, then I believe that change and constructive personal development will <u>invariably</u> occur--and I

include the word 'invariably' only after long and careful consideration" (Rogers, 1961), has been supported by psychological, educational, and industrial research, benefitting every human endeavor and disseminated in every country in the modern world. It is not surprising that the information, examples, and statistics reported in this paper similarly illustrate the constructive effects of the client-centered attitude.

Who is the client?

In psychological services, the primary client is the consumer for whom psychological services are sought. In client-centered EAP services, however, the employee, employer, and EAP provider mutually benefit. The approach by definition recognizes, utilizes, and nurtures the unique and shared resources of all for the benefit of all in meeting mutual objectives. To illustrate with some examples, brief data are presented for each of the three premises:

Premise 1: Client-centered EAP services fulfill all EAP needs. Psychological and business research confirms both the need for and the contribution of EAP services in fostering and maintaining high worker fulfillment and productivity (Hatfield, 1990; Keita & Jones, 1990; Millar, 1990; Sauter, Murphy, & Hurrell, 1990; Smith, 1989; Starr, 1990). Client-centered EAP services fit both corporate and employee needs, through identification, assessment, treatment, referral, education, follow-up, quality assurance, evaluation, and appropriate

reporting, diminishing to neither employee nor employer and tailored to each individual and set of particular circumstances (Francek, 1991; Googins, 1991).

Structured interviews conducted 10/90 through 5/91 with corporate heads and administrators indicate that Spoon River, Incorporated, has successfully developed and provided EAP services for six Galesburg, Illinois, corporations, following needs assessment and proposal development. The six contract corporations are two manufacturing companies, identified in this paper as "A" and "B"; city government, "C"; a bank, "F"; a social-services center, "H"; and a center for the developmentally disabled, "K."

Table 1 offers statistics for the first full year of these six contracts, although only two companies ("A" and "C") have had EAP services for as long as a year, and one company ("H") joined so recently that its numbers are not sufficient yet to yield statistically informative data. Data from "H" and from a seventh company, a national department store chain which contracted in May 1991, will be provided in future reports.

Programs and services standard to the employee-assistance field are provided to these six Galesburg corporations in the general areas of emotional health, substance abuse, stress, financial problems, and marital and family issues identified through assessment procedures standard to clinical and industrial psychology.

In addition, EAP services include provisions for educational programs and workshops, and participation in corporate inservices, for employees at every level of workplace responsibility and socioeconomic level, and corporation experts have presented in educational settings involving mental health staff and students. When relevant, EAP and corporate professionals work together with regional groups, such as mutual participation on a critical-incident debriefing team of regional emergency personnel.

EAP strengths reported in the structured interviews indicated first that corporate heads valued excellence in services expected in EAP's nationwide--specifically:

1) The EAP philosophy and objectives are compatible with organizational philosophy and objectives.

2) Personnel and affiliated referral staff are fully qualified and certified, and referral facilities are appropriately accredited.

3) There is no waiting list. Intake and assessment are quickly available, brief, and appropriately informative.

4) There are no problems or populations inappropri-ate for assessment and referral.

5) Medical concerns are addressed, with referrals or information exchange, as needed.

6) Community resources are available and linkage is effective and followed up.

7) Standards of competency and ethics are of the highest quality.

8) Evaluation is continuous and reported appropri-ately.

9) Legitimate reporting is comprehensive and informative, and includes follow-up.

Corporate heads added, however, that they also valued aspects of EAP services especially important to employees, learned either by participating in the services themselves or from listening carefully to formal employee requests in meetings held to discuss EAP's or informal employee feedback following use of EAP services--specifically:

1) Client expectations and wishes are fully determined, options developed, and all possibilities explored.

2) All services are completely confidential except as specified by law and release-of-information forms. The client is informed of all confidentiality and informed-consent requirements.

3) Persons involved in problematic situations (e.g, family or peers) or whose participation can be beneficial (e.g., representatives from the workplace, school, or other agencies) are included where possible.

4) Referral facilities are utilized only if their fees are affordable and service hours are flexible.

The corporate leaders interviewed illustrated their support for client-centered EAP services by their positive evaluation of these program attributes as strengths in meeting both employee and employer needs, not only effectively but also in a manner that draws out and reflects the value and capacities of each individual.

Research has also provided information on variables which influence likelihood of supervisory, peer, and self-referrals. For example, supervisor training can influence the likelihood of supervisory referrals. Over 97% of a stratified sample of external EAP's and 87% internal EAP's, in five states (Oregon, Oklahoma, Illinois, Massachusetts, and Florida) agreed or strongly agreed that an EAP must conduct supervisor training to be considered a quality EAP; 82% of the internal and 100% of the external EAP's strongly disagreed that supervisor training is a luxury in light of other EAP priorities (Labig & Gentry, 1990). EAP's that conduct supervisor training show significantly higher utilization rates (5.6% and 5.2%) than EAP's without supervisor training (3.7% and 2.1%) (Schneider & Colan, 1990, 1991).

At a southwestern state university, significantly more (54%) supervisors said they would refer an obviously troubled employee to EAP services than employees said they would refer a peer (33%). Factors that affect supervisory referrals have been found to include personal use of programs (Googins & Kurtz, 1981);

familiarity with the EAP and attitude toward counseling (Beyer & Trice, 1978); positive attitude toward EAP (Hoffman & Roman, 1984); positive evaluation of EAP effectiveness (Labig & Gentry, 1990; Young, Reichman, & Levy, 1987); and belief in constructive outcome of confrontation (Foote & Erfurt, 1989; Labig, Fandt, & Urich, 1989; Labig & Gentry, 1990).

Factors that affect peer referrals have been identified as concern for the employee (Molloy, 1989; Sonnenstuhl & Trice, 1987), and higher education, middle-age or younger, female gender, participation in EAP training, and preference for EAP utilization instead of disciplinary action (Labig & Gentry, 1990).

Factors that affect self-referrals that have been identified include familiarity with and trust in EAP's (Harris & Fennell, 1988) and participation in EAP training, encouragement from peers or supervisors, and middle-age or younger (Labig & Gentry, 1990).

Premise 2: Client-centered EAP's provide the highest quality services. The quality of client-centered EAP services is evident in corporate and consumer attitudes, client procedures, and high employer and employer reported satisfaction rates. It is also evident in the lower frequency of referral, because sufficient clarification of client issues and options in the initial assessment sessions often obviates the need for referral. Client-centered services emphasize client resources that may have been overlooked or not accessed, and strengthen client self-confidence by drawing on them and demonstrating their utility

through practice within the assessment experiences (Cunningham, 1990). Advantages of rapid mobilization of client resources also become apparent through lower relapse rates following EAP services alone, referral not having been necessary.

Another aspect of client-centered EAP services is support for the values of democracy and equality. Two mistakes were made in the beginning of the first few Spoon River, Incorporated, EAP contracts (5/90 to 9/90), according to client follow-up evaluations after the services became client-centered (9/90). Both point to some of the benefits to employees, employers, and EAP providers of the client-centered attitude.

One mistake was revealed by client perception of the EAP assessment as designed solely for the purpose of increasing referrals to affiliated facilities. Clients served between 5/90 and 9/90 frequently stated that they did not feel listened to as individuals and felt as if no clarification would be sought, options explored, or actions taken in their behalf until in the referral setting. That perception has been eliminated by the manner and attitudes of the client-centered approach, as reflected in the high current client-satisfaction rates and the total absence of similar negative comments in client end-of-service and follow-up evaluations for services since 9/90.

EAP's must also be responsive to workplace changes (Hooks, 1991). Blacks, Hispanics, Asians, and other minorities, people 55 and over, and women are steadily increasing in representation in the United States labor force and will continue to do so,

according to the U. S. Department of Labor (Yandrick, 1991). Type and severity of environmental factors as sources of stress have been found to be greater for Black Americans (James, Strogatz, Wing, & Ramsey, 1987; Myers, 1982), and Black Americans are at higher risk for premature death and many serious illnesses (Keita & Jones, 1990).

The second mistake was revealed through negative comments by many Black recipients of services prior to the change. These comments reported a frequent perception of a negative judgmental attitude toward Blacks as a group and sometimes of the family as well as the individual. By client report, referrals were usually rejected and continuation of often severely problematic behavior was typical until another resource was sought independently. This has disappeared since services became client-centered: Client-satisfaction ratings by minorities have been indistinguishable from all others since the client-centered attitude became apparent, and peer referral is as frequent by minorities as by Caucasian employees.

Some studies (e.g., Milne, Blum, & Roman, 1990) find that females are significantly more willing than males to use EAP's. Others (e.g., Harris & Fennell, 1988) find no gender-related EAP-utilization differences. Data from these six contracts show a male/female employee mix of 56% and 44% respectively, and EAP utilization of 47% and 53%.

The structured interviews also asked corporate heads about race or sex discrimination in career options and about perceived

race or gender differences in EAP needs of managers vs. nonsupervisory employees relating to differences in perceptions of work situations, coping or problem-solving strategies, or communication or leadership styles. All corporate administrators were sensitive to the advantages to companies and employees of utilizing the fullest potential of all, and cited corporate policies and procedures designed to encourage equal career opportunity and employee treatment. Enhancement of employee-employer relationships from lack of racial, age, and gender discrimination, and encouragement of democratic, androgynous, and participatory-management attitudes, behaviors, and work environments were viewed by interviewees as of maximal benefit to all concerned.

Corporate heads indicated that differences in areas of employee needs, perceptions of work situations, problem-solving strategies, coping skills, and management contributions related in their views more often to personality differences than to race or gender differences. The few nonsupervisory and management leadership, work, and communication styles that were specified as more often encountered in females were discussed not as inconveniences but as differences--often creative and highly beneficial ones--deserving understanding so that they can be maximally operationalized within the corporation.

In addition, corporate heads recognized the androgynous nature of effective performance--that is, that the outcome of efficient work is gender-independent even if methods or aspects

are gender-relevant--and correctly attributed success to the client-centered framework rather than gender. An illustration of this is provided in the following description of a labor-management consultation meeting:

A conflict-resolution meeting was held among a union worker fired after three suspensions for insubordination and physical aggression, the plant personnel manager, the labor-relations manager, two union representatives, and the EAP director. The EAP director carefully developed a consensus of goals, problem variables needing attention, criteria for selection and evaluation of possible solutions, and consensus of what could constitute probationary return to work. The team accomplishments reflected the coming together of many of the skills and services EAP consultation offers and exemplifies. The process was nearly terminated, however, during discussion of criteria for interpersonal acceptability, when the company administrator said he wanted "one hundred percent" employee compliance and self-control in the workplace and it was alleged that the primary supervisor would deliberately provoke the employee when he returned to work. This supervisor was not present to allow his inclusion in the negotiation and subsequent agreements and stipulations.

The EAP director said she had a message for the absent supervisor, and asked one of the union representatives (who had been treating her as if he saw her as an agent of management) to put out his cigarette, pretend to be the supervisor, and arm-

wrestle her. Suspicious but confident, he quickly smashed her arm to the table. After obtaining verification from the union representative that she had indeed tried to win, the EAP director asked all present if there had been any doubt in anyone's mind that she would lose and he would win. They acknowledged no reason to believe otherwise. She said the event demonstrated that her opponent was much stronger in what the situation called for and that he not only won but would always be expected to win.

The EAP director then asked the union representative to pretend to be the supervisor but with a different goal from winning and showing that he was stronger. His goal this time would be to help her strengthen her muscles. As the union representative, no longer an opponent, allowed himself briefly to be tentative in the second arm-wrestling, he commented, "Now I'm letting her do it." His charity was indeed brief--he soon smashed her arm down with similar relish--however, the extra seconds clearly translated into enabling some strengthening.

When the EAP director asked anyone to specify what allowed for the difference in outcome, interestingly no one could remember what the union representative had actually said, even though all had clearly understood the point. The EAP director was able to use this inability to remember even extremely recent data in unpredictable/emotional situations to lower the company administrator's expectations for no communication failures or anyone's total self-control one hundred percent of the time.

The EAP director engaged in a third arm-wrestling with the union representative, with the same announced goal as the second

time, to stimulate his memory of what he had said. He said he thought it was, "I'm giving her a chance." Everyone smiled. The EAP director suggested that the goal be strengthening of the employee instead of winning over him when the "cards" (position of authority, greater communication skill, more experience in dealing with others, and higher self-esteem--all of which had been identified earlier in the meeting as advantages held by the supervisor) were clearly stacked in favor of the supervisor. "Give and take" for the purpose of strengthening abilities, which ultimately strengthens the unit whereas competition does not, and the reasonableness of expecting application of managerial skill in recognizing and promoting constructive outcome in potentially problematic situations were accepted and consensus was reached.

Training for creative problem-solving is not often part of academic curricula but is often needed and highly prized in dynamic, fast-paced, and interpersonally conflicted business settings. One avenue to its success may be recognition of the opportunities and benefits within the client-centered attitude. This episode not only finalized consensus among very diverse individuals in a highly conflicted situation; it also resulted in significant unabashed respect for the now-obvious advantages and satisfactions of working together and maximizing the resources of all in doing it.

What made this creative response effective was exactly that--respect, extended to all meeting participants equally, with empathy for beliefs and motivations of all individuals,

acceptance of all despite conflicting views and behaviors, and genuineness--complete sincerity within and through the opportunities offered for increased understanding and consensus. The absence of competition, manipulation, exploitation, and other hallmarks promoted in traditional "business" strategies is apparent in the objectives of the client-centered EAP director--enhancement of individual and team resources for individual and team benefit. The creativity was in the ability to "win" by "losing"; however, what she "won" was individual and company growth, not personal gain.

Premise 3: Client-centered EAP's show a cost advantage. EAP's have proved to be cost-effective in general. For example, R. J. Reynolds Tobacco Company reported a cost avoidance above $2 million per year (30,000 employees), and a 2:1 ratio of cost avoidance to program expenditure and treatment costs (Brown, 1991). McDonnell-Douglas workers who received treatment through a company EAP cost the company $9,800 less in healthcare costs over a four-year period than did employees with similar problems who sought treatment outside the EAP. Healthcare, absenteeism, and turnover costs related to workers and their dependents who used the EAP were approximately 45% lower than for workers who were not treated through the EAP (EAP Digest, 1990).

In addition, the data reported in this paper indicate that the attitude conveyed through client-centered services leads to less resistance, greater compliance, and quicker recovery and growth. Shorter service durations mean shorter periods of

lowered productivity and/or morale and quicker return to or improvement of former production rates and quality. The mobilization of client resources along with clarification of what is making a situation problematic provides for more rapid investment and progress. For these reasons, client-centered EAP's can increase cost savings as well as provide for quicker return to or improvement of former production rates.

Furthermore, the client-centered attitude promotes wellness, which is preventative, which reduces rehabilitation or recovery costs (Levi, 1990; Sauter et al., 1990). Keeping the client in charge and believing in him/herself also enables less-costly out- vs. inpatient treatment more frequently when referrals are necessary, and seldom are significant outcome differences found between in- and outpatient services (e.g., Goldfarb, 1991). Also, client-centered services include follow-up and aftercare, also of demonstrated cost-effectiveness--for example, through fewer relapses (Goldfarb, 1991).

Research on primary variables contributory to significant decrements in work performance identifies high psychosocial stress, highly physical workload, and low level of decision-making opportunity (Karasek & Theorell, 1990), and demands in excess of control (Karasek, Schwartz, & Theorell, 1982). Adverse effects of workload and workpace demands have been found most frequently when control is not commensurate with demands (Sauter, Hurrell, & Cooper, 1989). Emotional distress increases, self-esteem is lowered, and job dissatisfaction increases when workers

do not participate in workplace decision-making (Margolis, Kroes, & Quinn, 1974; Spector, 1986).

Machine-paced assembly workers report the highest levels of anxiety, depression, irritation, and somatic complaints of twenty-three occupations studied (Caplan, Cobb, French, Harrison, & Pinneau, 1975), as well as high levels of tension and job dissatisfaction (Hurrell & Colligan, 1987; Salvendy & Smith, 1981). Workers on night and rotating shifts have shown significantly higher levels of disturbance in psychological, behavioral, social, and physical well-being (Johnson, Tepas, Colquhoun, & Colligan, 1981; Monk & Tepas, 1985).

Additional research has identified conditions associated with adverse psychological effects as lack of job security, under- or overpromotion, fear of job obsolescence, and early retirement (Kasl & Cobb, 1982; Sutherland & Cooper, 1988); poor relationships with peers, supervisors, or subordinates at work (Davidson & Cooper, 1981; Freiberg, 1991); and job tasks that provide little stimulation, allow for little use of skills or creativity, and have little intrinsic meaning (Cox, 1985; Gardell, 1981; Levi, 1981).

Not only client-centered counseling when client issues are work-related such as the above, but also client-centered educational workplace programs can significantly alleviate and prevent performance and morale problems, improving cost-containment through greater employee retention and benefits resulting from increased enthusiasm, improved leadership or peer

relations, and creativity. Client-centered EAP's support corporate efforts to humanize the workplace, such as one manufacturing ("B") company's recent "Report of Design Team on Future Role of Factory Managers," an example of this company's employee-centered attitude and effort to maximize management-labor cooperation. The more cooperation and mutual benefit are maximized, the less work-related stress will be a presenting problem in requests for EAP services.

In their evaluations, interviewees specified the following as realized or anticipated EAP service benefits to the corporations:

1) Health benefits cost containment.

2) Increased employee retention, lower turnover.

3) Improved risk-management outcome and environmental safety.

4) Improved labor-management satisfaction and cooperation.

5) Opportunity for facilitation of ongoing organizational development, monitoring, and internal reporting (focus studies, employee surveys, etc.).

6) Increased employee morale and improved management-employee relations.

While these services and benefits would be expected with or without a client-centered focus, the comprehensiveness and regard for both employee and employer as EAP consumers were noted by one

corporate representative as reflective of client-centered EAP services.

Interviewees specified utilizing information from the following in their evaluation of the implementation of EAP corporate services:

1) Training sessions for supervisors.

2) Periodic meetings with employee, union, and management representatives for continual needs assessment, program monitoring, and evaluation.

3) Administrative networking with community business resources (e.g., citywide human-resources managers' meetings, Chamber of Commerce meetings, and city task forces).

4) Development and review of services policies and procedures.

5) Monitoring and reporting of service utilization.

6) Staff development.

7) Client-satisfaction reports and follow-up.

Employee satisfaction is also high: In these six companies, the average rating on client-satisfaction forms both immediately after completion of EAP services and in three- to six-month follow-up contacts was greater than five on a scale of one to six, with six being highly satisfied, for each of the following questions:

1) Concern shown by the EAP professional.

2) Personal comfort level during services.

3) Manner in which the professional addressed the situation.

4) Personal role in identifying a course of action to take.

5) Confidentiality. (Every rating except one was a six.)

6) Level of expectations met.

7) Willingness to return for services if needed.

8) Willingness to recommend services to other employees.

Although occasional consumer complaint is believed inevitable, to date (the first full year of service), not a single complaint has been initiated regarding any Spoon River, Incorporated, EAP service.

Conclusions

Current EAP research literature and Spoon River, Incorporated, demographic and outcome data support three premises:

1) Client-centered EAP services can fulfill all EAP needs, as shown by needs assessment, contract development, quality assurance, and monitoring, evaluation, and reporting of results.

2) Client-centered EAP's provide the highest quality services, measured by high client satisfaction, minimal referral needs, elimination or alleviation of work-performance problems, and low or no relapse to maladaptive behaviors.

3) Client-centered EAP's show a cost advantage, evidenced by outcome data.

References

Beyer, J. M., & Trice, H. M. 1978. Implementing change: Alcoholism programs in work organizations. New York: Free Press.

Bezold, C., Carlson, R. J., & Peck, J. C. 1986. The future of work and health. Dover, MA: Auburn House.

Blum, T. C., & Roman, P. M. 1989. Employee Assistance Programs and human resource management. Research in Personnel and Human Resource Management, 6-14.

Brown, R. 1991. RJR conducts cost study covering 20 years. EAPA Exchange, 21, 30-31.

Caplan, R. D., Cobb, S., French, Jr., J. R. P., Harrison, R. V., & Pinneau, Jr., S. R. 1975. Job demands and worker health: Main effects and occupational differences. DHEW NIOSH Publication No. 75-160. Washington, DC: U. S. Government Printing Office.

Cox, J. Repetitive work: Occupational stress and health. In C. L. Cooper & M. Smith (Eds.) Job stress and blue collar work. London: Wiley, pp. 85-112.

Cunningham, G. 1990. Short-term counseling. EAP Digest, 5/6, 21-25.

Davidson, M. J., & Cooper, C. L. 1981. A model of occupational stress. Journal of Occupational Medicine, 23, 564-570.

EAP Digest. 1990. News update: EAP proves cost-effective. EAP Digest, 5/6, 19.

Employee Assistance Society of North America. 1990. Model standards for EAP data collection. Pamphlet series No. 2, p. 22.

Filmore, K., & Caetano, R. 1982. Epidemiology of alcohol abuse and alcoholism in occupations. Research Monograph No. 8--Occupational alcoholism: A review of research issues. Proceedings of a Workshop, May 1980, in Reston, Virginia. DHHS Publication No. ADM 82-1184. Washington, DC: U. S. Government Printing Office, pp. 21-88.

Foote, A., & Erfurt, J. C. 1989. Study data on supervisory cover-up. The Almacan, 8, 33-34.

Francek, J. 1991. Quest for quality. EmployeeAssistance, 3, 39-40.

Freedman, D. X. 1984. Psychiatric epidemiology counts. Archives of General Psychiatry, 41, 931-933.

Freiberg, P. 1991. Surprise--most bosses are incompetent. APA Monitor, 1, 24.

Fried, M. 1975. Social differences in mental health. In J. Kosa & I. K. Zola (Eds.), Poverty and health (Rev. ed.). Cambridge, MA: Harvard University Press.

Gardell, B. 1981. Autonomy and participation at work. In L. Levi (Ed.) Society, stress, and disease. Vol. 4. Working Life. Oxford, England: Oxford University Press, pp. 279-289.

Goldfarb, R. 1991. Strengthening treatment effectiveness. EmployeeAssistance, 3, 16-35.

Googins, B. K. 1991. EAP's and the quest for quality.

EmployeeAssistance, 3, 24-26.

Googins, B. K., & Kurtz, N. 1981. Discriminating participating and nonparticipating supervisors in occupational alcoholism programs. Journal of Drug Issues, 11, 199-216.

Green, K. L. 1989. Healthy workers: Whose responsibility? Advances, 6, 12-14.

Guralnick, L. 1963. Mortality by occupation and cause of death (No. 3), Mortality by industry and cause of death (No. 4), Mortality by occupational level and cause of death (No. 5) among men 20 to 64 years of age v.s. 1950. Vital statistics--special reports, Vol. 53. Washington, DC: U. S. Government Printing Office.

Harris, M. M., & Fennell, M. L. 1988. Perceptions of an Employee Assistance Program and employees' willingness to participate. The Journal of Applied Behavioral Science, 24, 423-438.

Hatfield, M. O. 1990. Stress and the American worker. American Psychologist, 45:1162-1164.

Hoffman, E., & Roman, P. M. 1984. Effects of supervisory style and programs. Journal of Studies on Alcoholism, 45, 260-267.

Hooks, J. M. 1991. A need for EAP process improvement. EAPA Exchange, 21, 24-26.

Hurrell, Jr., J. J., & Colligan, M. J. 1987. Machine-pacing and shiftwork: Evidence for job stress. Journal of Organizational Behavior Management, 8, 159-175.

Ilgen, D. R. 1990. Health issues at work: Opportunities for

industrial/organizational psychology. American Psychologist, 45, 273-283.

James, S. A., Strogatz, D. S., Wing, S. B., & Ramsey, D. L. 1987. Socioeconomic status, John Henryism, and hypertension in Blacks and Whites. American Journal of Epidemiology, 126, 664-673.

Johnson, L. C., Tepas, D. I., Colquhoun, W. P., & Colligan, M. J. (Eds.). 1981. The twenty-four-hour workday. Proceedings of a symposium on variations in work-sleep schedules. DHHS Publication No. 81-127. Washington, DC: U. S. Government Printing Office.

Karasek, R. A., Schwartz, J., & Theorell, T. 1982. Job characteristics, occupation, and coronary heart disease. Cincinnati, OH: National Institute for Occupational Safety and Health.

Karasek, R. A., & Theorell, T. 1990. Healthy work. New York: Basic Books.

Kasl, S. V., & Cobb, S. 1982. Variability of stress effects among men experiencing job loss. In L. Goldberg & S. Breznitz (Eds.) Handbook of stress: Theoretical and clinical aspects. New York: Wiley, pp. 445-465.

Keita, G. P., & Jones, J. M. 1990. Reducing adverse reaction to stress in the workplace. American Psychologist, 45:1137-1141.

Labig, Jr., C. E., Fandt, P. M., & Urich, A. L. 1989. The impact of evidence and likableness on supervisors' disciplinary actions.

Proceedings of the Academy of Management, Washington, D. C., pp. 270-274.

Labig, Jr., C. E., & Gentry, W. C. 1990. Supervisors' and employees' intentions to make referrals to an EAP: An empirical analysis. Proceedings of the Nineteenth EAPA Annual Conference, New Orleans, pp. 30-50.

Langner, T., & Michael, S. 1963. Life stress and mental health: The midtown Manhattan study. New York: Free Press.

Levi, L. 1981. Preventing work stress. Reading, PA: Addison-Wesley.

Levi, L. 1990. Occupational stress: Spice of life or kiss of death? American Psychologist, 45, 1142-1145.

Margolis, B. L., Kroes, W. H., & Quinn, R. A. 1974. Job stress: An unlisted occupational hazard. Journal of Occupational Medicine, 16, 654-661.

Millar, J. D. 1990. Mental health and the workplace. American Psychologist, 45:1165-1166.

Miller, N. E. 1983. Behavioral medicine: Symbiosis between laboratory and clinic. Annual Review of Psychology, 34, 1-31.

Milne, S. T., Blum, T. C., & Roman, P. M. 1990. Managerial and supervisory propensity to use an EAP: Facilitating and inhibiting factors. Proceedings of the Nineteenth EAPA Annual Conference, New Orleans, pp. 51-60.

Molloy, D. J. 1989. Peer intervention: An exploratory study. The Journal of Drug Issues, 19, 319-336.

Monk, T., & Tepas, D. A. 1985. Shiftwork. In C. L. Cooper & M.

I. Smith (Eds.) Job stress and blue collar work. Chichester, England: Wiley, pp. 65-84.

Myers, H. F. 1982. Stress, ethnicity, and social class: A model for research with Black populations. In E. E. Jones & S. Korchin (Eds.), Minority mental health. New York: Praeger, pp. 118-48.

National Council on Compensation Insurance. 1985. Emotional stress in the workplace--New legal rights in the eighties. New York: Author.

Reichman, W., & Beidel, B. E. 1989. Implementation of a state police EAP. The Journal of Drug Issues, 19, 369-383.

Rogers, C. R. 1951. Client-centered therapy: Its current practice, implications, and theory. Boston: Houghton Mifflin, 1-560.

Rogers, C. R. 1957. The necessary and sufficient conditions of therapeutic personality change. Journal of Consulting Psychology, 21:95-103.

Rogers, C. R. 1961. On becoming a person. Boston: Houghton Mifflin, p. 35.

Salvendy, G., & Smith, M. J. (Eds.). 1981. Machine pacing and occupational stress. London: Taylor & Francis.

Sauter, S. L., Hurrell, Jr., J. J., & Cooper, C. L. (Eds.). 1989. Job control and worker health. New York: Wiley.

Sauter, S. L., Murphy, L. R., & Hurrell, Jr., J. J. 1990. Prevention of work-related psychological disorders. American Psychologist, 45:1146-1158.

Schneider, R., & Colan, N. 1990. Supervisor training: A comparison of internal and external EAP's. Proceedings of the Nineteenth EAPA Annual Conference, New Orleans, pp. 1-8.

Schneider, R., & Colan, N. 1991. Supervisor training: Current practices and future trends. Employee Assistance Quarterly, 16-21.

Smith, D. 1989. McDonnell Douglas Corporation's EAP produces. The Almacan, 8, 18-26.

Social Security Bulletin. 1989. Annual statistical supplement, 1989. DHHS Publication No. 13-11700. Baltimore, MD: U. S. Government Printing Office.

Sonnenstuhl, W. J., & Trice, H. M. 1987. Social construction of alcohol problems in a union's peer counseling program. Journal of Drug Issues, 17, 223-254.

Spector, P. E. 1986. Perceived control by employees: A meter-analysis of studies concerning autonomy and participation in decision-making. Human Relations, 39, 1005-1016.

Starr, A. 1990. Developing hardiness through stress management. EAP Digest, 9/10:38-65.

Sutherland, V. J., & Cooper, C. L. 1988. Sources of work stress. In J. J. Hurrell, L. R. Murphy, S. L. Sauter, & C. L. Cooper (Eds.) Occupational stress: Issues and developments in research. London: Taylor & Francis, pp. 3-39.

Yandrick, R. M. 1991. New-generation workers line up at the company gate. EAPA Exchange, 21, 20-23.

Young, D. W., Reichman, W. R., & Levy, M. F. 1987. Differential

referral of women and men to Employee Assistance Programs: The role of supervisory attitudes. Journal of Studies on Alcoholism, 48, 12-28.

Table 1. Demographic and Outcome Data, 5/90 through 5/91

Corporation	Number of Employees	No. of Unions	All Employees (%) Male	All Employees (%) Female	Mgmt. (%) Male	Mgmt. (%) Female	Services Began
A	2,823	2	50	50	67	33	5/90
B	560	1	85	15	94	6	11/90
C	230	3	84	16	86	14	5/90
F	48	0	15	85	50	50	8/90
H	60	0	5	95	11	89	3/91*
K	110	0	35	65	38	62	7/90

Client Data

Primary client	Males				Females			
	Adults		Children		Adults		Children	
	Caucasian	Other	C.	O.	C.	O.	C.	O.
	71	6	9	1	73	8	15	2
A	47		7		64		8	
B	16		2		5		3	
C	10		1		5		3	
F	1				4			
H					1			
K	3				2		3	
	87 (47%)				98 (53%)			
Total	185							

	Supervisory/Professional/Management	Nonsupervisory/Nonmanagement
A	13%	87%
B	4%	96%
C	32%	68%
F	20%	80%
K	12%	88%
Total	14%	86%

*H data are not included in most data breakdowns, since the contract is too recent for volume to be sufficient to provide meaningful statistics.

Table 1. Demographic and Outcome Data, 5/90 through 5/91 (continued)

Referral Sources*	Self	Family	Management	Court	Medical
A	96	17	6	3	4
B	19	5	2		
C	12	4	3		
F	5				
K	5	3			

Average Years of Service	A	B	C	F	K
	13	16	7	3	3

Age Range		Adult Mean
A (n = 126)	8-66	37
B (n = 26)	9-45	36
C (n = 19)	5-58	39
F (n = 5)	25-50	36
K (n = 8)	4-43	36

Average Years of Schooling	A	B	C	F	K
	11	12	13	13	13

Previous Mental Health Services (%)		Previous Substance Abuse Services (%)**
37	A	10
38	B	
26	C	
40	F	
63	K	
37	Total	6

*These are the formal sources of referral; however, many of those self-referred had been encouraged by supervisors or peers at work, or by family members, to consider EAP services.

**Alcoholics Anonymous participation is not indicated in these data. Approximately ten percent of all clients stated that AA had been or is significant in their lives.

Table 1. Demographic and Outcome Data, 5/90 through 5/91 (continued)

Presenting Problem* (Percent)	A	B	C	F	K	Total
Health						
Medical	<1					<1
Psychological						
Grief/major loss	2	4	5	20		3
Depression	21	31	21	20	25	23
Suicide attempt	2					2
Anxiety	4	4	5			4
Major mental illness	8	4	11		13	8
Disability management	<1					<1
Stress/adjustment					13	<1
Anger management (adult)	4	12	5			5
Acting out (children)	5	12	5		38	7
Addiction						
Alcohol, self	21	15	11			17
Polysubstance, self	2				13	2
Alcohol, others	14	8	11	20		12
Polysubstance, others	9			20	13	7
Relationships						
Marital	57	42	37	80	25	52
Family	33	35	37		50	33
Sexual abuse	6	15	5		38	8
Domestic violence	18	19	5	20	13	17
Environmental						
Workplace	8	8	26		13	10
Financial	10	19	5	20		11
Legal	11	12			13	10
Average EAP Hours** (range = 1-5)	A	B	C	F	K	Total
	3	3	2.5	3.5	3	3
Spousal or Family Participation (%)	35	38	37	60	25	36

*These data are presented in an adaptation of the format recommended by EASNA (1990). Note that information reflects client report or clinician discovery; some problems may have remained unreported/undiscovered. Note also that many clients indicated more than one problem.

**A referral for financial counseling typically requires only one EAP hour; therefore, these hours slightly underrepresent the average hours required for assessment and disposition of most EAP presenting problems.

Table 1. Demographic and Outcome Data, 5/90 through 5/91 (continued)

Disposition	Number of Cases	Percent of Completed Cases
Resolved within the EAP experience	59	36
Premature termination or rejection of recommended referrals	18	11
Incomplete cases	21 (11%)	
Referrals accepted and utilized*	87	53
Financial	16	10
Legal	5	3
Medical	4	2
Psychiatric medication	5	3
Mental health inpatient	1	<1
Mental health outpatient	64	39
Chemical dependency inpatient	4	2
Chemical dependency outpatient	11	7

Average degree of satisfaction with EAP and with referrals 5 out of 6

Management referrals No difficulty or dissatisfaction with employee work performance after services.

*Some of those referred received more than one referral.